



2009-2010 Pandemic Influenza Guidelines and FAQ for Franklin County Schools

GENERAL

What are the symptoms of the flu?

Flu symptoms (both regular seasonal flu and H1N1 flu) include fever, cough, sore throat, chills, runny or stuffy nose, fatigue, body aches, headache and sometimes vomiting and diarrhea.

Influenza-like-illness (ILI) is defined as fever (temperature of 100°F [37.8°C] or greater) and a cough and/or a sore throat in the absence of a KNOWN cause other than influenza.

Will seasonal and H1N1 be circulating at the same time this fall?

Yes. The CDC anticipates that the pandemic H1N1 influenza viruses will co-circulate with regular seasonal influenza viruses over our influenza season. The timing, spread and severity of pandemic H1N1 virus – in addition to our regular seasonal influenza viruses – are uncertain. Visit <http://www.cdc.gov/flu/weekly/fluactivity.htm> for more details.

EXCLUSION

What are the current exclusion criteria for students and staff who are diagnosed with influenza?

Students or staff with flu-like illness symptoms and a fever of 100° F (37.8° C) should stay home. They should not attend school or go into the community, except to seek medical care, until at least 24 hours after they are free of fever, or signs of a fever, without the use of fever-reducing medication. (This includes aspirin, Tylenol, Advil, Aleve, cold and flu medicine with these products including acetaminophen.) Aspirin (acetylsalicylic acid) should not be given to children or teenagers who have influenza; this can cause a rare but serious illness called Reye's syndrome. Keeping people with a fever at home may reduce the number of people who get infected, since elevated temperature is associated with increased shedding of influenza virus. In some cases, local health officials may determine that the exclusion period should be longer.

What is the exclusion if the student or staff is on antiviral medications?

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CDC recommends the same exclusion period listed in the previous response regardless of whether or not antiviral medications are used. People on antiviral treatment may shed influenza viruses that are resistant to antiviral medications. Many people with influenza illness will continue shedding influenza virus 24 hours after their fevers go away, but at lower levels than during their fever. Shedding of influenza virus, as detected by a Real Time Polymerase Chain test (RT-PCR), can be detected for 10 days or more in some cases. Therefore, when people who have had influenza-like illness return to work, school, or other community settings, they should **continue to practice good respiratory etiquette and hand hygiene and avoid close contact with people they know to be at increased risk of influenza-related complications.**

What is the exclusion for asymptomatic family members of a laboratory confirmed case of influenza?

Asymptomatic family member(s) is someone who is not showing any signs or symptoms of an illness or condition, even when the condition or illness is present among a close contact at home. Currently, there is no exclusion period for asymptomatic family members of a confirmed influenza case.

SCHOOL CLOSURE/DISMISSAL

Are schools required to close if any students or staff are diagnosed with H1N1?

No. Any decision on school dismissal or closure is made at the local level, jointly by school and health officials. Factors to consider include how school absenteeism and staffing shortages could affect school operations. School closure is generally not advised unless a large number of staff or students are absent and their absence interferes with the school's ability to function safely.

What are some considerations for school closure or dismissal?

The CDC is currently advising that schools will **not** need to close simply because students or staff contract the H1N1 flu. Instead, the CDC advises that schools may be closed if the severity of the H1N1 flu increases significantly compared to the spring of 2009.

School officials should work closely and directly with the Franklin County Board of Health or Columbus Public Health and the Ohio Department of Health officials when deciding whether or not to selectively dismiss a school or schools with large populations of high risk or ill students. If the severity of the virus increases, the federal guidance instructs school administrators to work closely with local public health officials to determine whether to implement an expanded range of options, including dismissing students for a period of time to slow the transmission of the virus. It is important to balance the risk of flu in a community with the disruption, potential safety risks, and other consequences that school dismissals could cause in education and the wider community.

What is the difference between closure vs. dismissal?

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School Closure means closing the school and sending all students and staff home.

School Dismissal means students stay home and the school may stay open for staff.

How do I notify local and state health department about school closure?

The CDC advises school administrators to make any decisions about **school closure** in close consultation with their local health departments. Information that local public health will be looking for to help guide school closure or dismissal is included in the following section and in the cluster reporting form located in the Appendices. If it is decided to close school due to influenza or ILI, please report this decision by 9 a.m. the first day on the Ohio Department of Health reporting system <https://www.impactsiis.org/closing/school.asp>.

Three Types of School Dismissals

Selective dismissal is used when all or most students in the school are at higher risk for complications once infected with flu. For example, a school for medically fragile children or for pregnant students may decide to close based on the local situation while other schools in the community may remain open.

Reactive dismissal is used when many students and staff are sick and are not attending school, or many students and staff are arriving at school sick and are being sent home.

Preemptive dismissal is used early during a flu response in a community to decrease the spread of the flu before many students and staff get sick. This is based on information about the spread of severe flu in the region. This dismissal is most effective at decreasing flu spread and burden on the healthcare system when done early in relation to the amount of flu activity in the area.

SCHOOL ABSENTEE MONITORING AND CLUSTER REPORTING

Do I need to report high student absenteeism?

No. Increase in absences can be due to a variety of reasons. Additionally, every school is unique and what appears to be a high absentee rate for one school may not be unusual for another school.

What (or when) should I report to my local health department (LHD)?

Clusters of Influenza or ILI *are* reportable. Individual cases of Influenza *are not* reportable. A high absentee rate by itself *should not* be reported to the LHD. A high absentee rate can however, be used as an indicator to prompt an investigation by the school.

If your building (or a group within it) has an unusually sustained high daily number of absences and/or school nurse/school office visits **most of which** are due to (or appear to be due to) Influenza or ILI within a 3-day period, this should be further investigated to identify a potential cluster. When the details of the suspect cluster (including number of ill, onset, symptoms, any known close contact) are learned, *this should be reported to your local health department.* (See cluster reporting instructions below.)

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Are there triggers that tell me when to investigate?

- Investigate a sustained high absentee rate (≥ 3 consecutive days), to establish if absences appear to be due to ILI. This could be done for the entire building or for a group with close contact (e.g., sports teams, classrooms, latch key).
- To investigate, categorize reasons for absences and illness visits to school nurse/school office. (Also, see below “How do I collect illness information? What kind of internal surveillance/tracking is recommended?”). For the 3-day period of concern, calculate how many of the absences are due to ILI. Look for specific groups that are affected (e.g., sports teams, classrooms, latch key).

How do I collect illness information? What kind of internal surveillance/tracking is recommended?

Schools are encouraged to monitor daily rates of absenteeism, especially for influenza-like illness. This includes students/staff who do not come to school that day, as well as students/staff who become ill with an ILI and are sent home.

See attached spreadsheet titled “**Influenza Like Illness (ILI) Daily School Absentee Line List for Franklin County Schools.**” Your school may use this for internal tracking of student/staff absences. Please DO NOT fax this form to the local health department. If a more school/staff-specific system is required, health/administrative offices may develop their own method to monitor student absences and illness information.

DEFINITIONS

Absenteeism Surveillance

Absenteeism surveillance is the systematic collection and analysis of student absence data. This data should differentiate between absenteeism rates due to illness or to other causes. Data describing student absences due to illness may be used to monitor disease trends and to detect and respond to clusters and outbreaks.

An **ILI cluster/outbreak** is two or more cases of influenza-like illness (ILI) with a common exposure at an institution (e.g., school, child care center) per *ODH Infectious Disease Control Manual*.

A **pandemic** is a global disease outbreak. The disease spreads easily from person to person and can sweep across the country and around the world in a very short time.

Keeping track of the number of students and staff who are absent with influenza-like illness will help public health officials determine when and whether to close schools, and whether the influenza activity is increasing.

How do I report Influenza and ILI clusters to the health department?

By Ohio Administrative Code (OAC), Communicable Disease Rules 3703-3-01 through 3701-3-31, many communicable respiratory diseases and related positive laboratory results are reportable. Additionally, State statute requires that any suspect outbreak, cluster of illness, or unusual occurrence of disease that may pose a threat to the public's

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health must be reported to the Franklin County and Columbus, Communicable Disease Reporting System (CDRS) by the end of the next business day.

Clusters should be reported by completing the form titled ***'School Influenza Cluster Report for Franklin County Schools'*** and faxing to CDRS @ 614-719-8890.

What happens after I report a cluster to the local health department?

The Communicable Disease staff from Franklin County Board of Health or Columbus Public Health will work closely with the contact person (school nurse or principal) to review the report (see ***'School Influenza Cluster Report for Franklin County Schools'***). Staff will also review current infection control measures and recommend additional measures, as needed. If appropriate, a notification to parents might be recommended.

What if someone comes to school and then begins to show flu-like symptoms?

A person with influenza-like illness symptoms must be evaluated for fever. If a student has a temperature of 100°F or greater and is experiencing influenza-like illness symptoms (as described below), he/she should be excluded from school until 24 hours after resolution of fever, without the use of fever-reducing medications.

Please note that not all symptoms are present in all persons; however, gastrointestinal (stomach) upsets without the above symptoms should not be considered influenza.

During all stages of a flu outbreak, it will be essential to monitor and document the number of students and staff who are absent with influenza-like illness. According to the Centers for Disease Control and Prevention (CDC), influenza symptoms usually start suddenly and may include the following:

- Fever (above 100° F (37.8° C)) or fever-like symptoms which include shivering, chills, sweating, flushed face, warm to touch
- Headache
- Tiredness (can be extreme)
- Cough
- Sore throat
- Runny or stuffy nose
- Body aches
- Diarrhea and vomiting (more common among children than adults)

Students and staff who appear to have a flu-like illness when they come to school—or who become ill during the school day—should be isolated in a room separate from other people if possible, or kept a minimum of 6 feet away from others while wearing a surgical mask until they can be sent home in accordance with district procedures.

Do I need to send notification to appropriate classrooms and buildings when a student is diagnosed with influenza?

No. The assumption is that certain level of influenza activity will exist within our community and we need to be vigilant and continue to exercise good respiratory etiquette and hand hygiene and avoid close contact with people they know to be at increased risk of influenza-related complications.

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PREVENTION AND RESPONSE

What do the health departments recommend regarding mask usage in a school?

For specific work activities that involve contact with people who have influenza-like illness (ILI) (fever plus at least either cough or sore throat, and possibly other symptoms like runny or stuffy nose, body aches, headaches, chills, fatigue, vomiting and diarrhea), such as escorting a person with ILI, interviewing a person with ILI, providing assistance to an individual with ILI, the following are recommended:

- workers should try to maintain a distance of 6 feet or more from the person with ILI;
- workers should keep their interactions with the ill person as brief as possible;
- the ill person should be asked to follow good cough etiquette and hand hygiene and to wear a facemask, if able, and one is available;
- workers at increased risk of severe illness from influenza infection should avoid people with ILI (possibly by temporary reassignment); and,
- where workers cannot avoid close contact with persons with ILI, some workers may choose to wear a facemask or N95 respirator on a voluntary basis. When respirators are used on a voluntary basis in an occupational work setting, requirements for voluntary use of respirators in work sites can be found on the [OSHA website](#).

What steps can the schools take to decrease respiratory illness?

Franklin County Board of Health and Columbus Public Health, Communicable Disease staff will recommend initial infection control measures to schools experiencing an outbreak of respiratory illness. These will be school-wide and student-specific. Focus will be on keeping all students with symptoms out of school during their period of illness when they could infect others. Recommendations to decrease respiratory illness in schools may include:

- Maintain general health and hygiene activities in your school. Remind all students and staff of the importance of covering their nose and mouth with a tissue when coughing or sneezing (or coughing or sneezing into their sleeve if a tissue isn't available), and washing their hands frequently with soap and water, or using alcohol-based hand sanitizer.
- Display reminder posters in the school to promote hand hygiene.
- Identify ways to increase social distances (the space between people). If possible, move desks farther apart, rotate teachers between classrooms while keeping the same group of students in one classroom, or postpone class trips.
- Maintain good ventilation in shared school areas (e.g., open windows, keep air duct system clean, etc.).
- Ensure that school staff takes steps to routinely clean and disinfect surfaces in the classroom (e.g., doorknobs, desks, keyboards). Schools can use standard products according to directions on the product label and per school protocol.
- Provide education about symptoms, mode of transmission and prevention to parents, students and staff.
- Remind parents/caregivers to assess, each morning, all family members and especially all school-age children for symptoms of respiratory illness.

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- Remind all school faculty and staff to assess themselves each morning for symptoms of respiratory illness.
- Encourage all students, staff, and faculty with respiratory illness to stay home and not attend school.
- Staff should remain vigilant for students with visible signs of respiratory illness upon arrival at school. If a child shows possible symptoms of respiratory illness such as a cough or fever (flushed appearance or shivering) during the school day:
 - Isolate the child from other children.
 - Have the child wear a surgical mask if tolerated.
 - Limit the number of people who come into contact with the child.
 - Adults in contact with an ill child should use a surgical mask and continue to wash hands frequently.
 - Contact parent or guardian and request the child be picked up as soon as possible.
 - Inform the parent or guardian about symptoms observed in the child and what is required for the child to return to school.
 - Ask the parent or guardian to relay observations made by school staff to the child's health care professional.

What is the best way to be sure individuals who have the flu do not go to school?

Parents and guardians should monitor their school-aged children and, every morning, staff should check themselves for flu-like symptoms. Ill persons should stay home. Consider using the attached '*Pandemic H1N1 Influenza School Letter to Parent Template*' for parent education.

What can school administrators do to control the spread of any influenza virus in their schools?

Schools can help reduce the spread of any flu, whether it is the pandemic H1N1 flu virus or seasonal flu, by promoting good hand hygiene and respiratory etiquette.

What should students and school staff do to follow "good hand hygiene" and "good respiratory etiquette"?

Students and staff should frequently wash their hands with soap and water, or if hand washing with soap and water is not possible, use an alcohol-based hand sanitizer. If alcohol based hand sanitizers are not allowed in the school, other hand sanitizers that do not contain alcohol may be useful for killing flu germs on hands. They should carefully cover their mouth or nose with a tissue when coughing or sneezing. (If a tissue is not available, they should cough or sneeze into their sleeves).

H1N1 VACCINATIONS

When will the H1N1 vaccine be available?

The H1N1 vaccine is expected to be available in mid-October.

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Who will be eligible to receive the H1N1 vaccine?

When the vaccine first becomes available it will be available first to the following priority groups:

- Pregnant women
- Household contacts and caregivers of children younger than 6 months of age
- Healthcare and emergency medical services personnel.
- **All people from 6 months through 24 years of age.**
- Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.

Will the H1N1 vaccine be given to students in school?

The Franklin County Board of Health and Columbus Public Health are working closely with school administration to determine how best to vaccinate children in your school. It is expected that school-located vaccination clinics will be held in each district. Additional details on clinics dates, times and locations will be shared as soon as the information becomes available. No H1N1 vaccinations will be given without parents or guardians being present or without consent.

Will teachers and faculty be able to get the H1N1 vaccine?

If teachers and faculty fall in one of the priority groups listed above, they will be eligible to get the vaccine. If they do not, they will unfortunately need to wait for general vaccine distribution. It is expected that everyone who wants an H1N1 vaccine should be able to get it prior to January 2010. General vaccine distribution will begin once the priority groups have vaccinated.

PUBLIC HEALTH SURVEILLANCE

What is the current public health surveillance of H1N1 cases?

Prior to July 22nd, the Centers for Disease Control and Prevention (CDC) required states to report confirmed H1N1 cases. Keeping in line with the current guidance from both the federal and state public health agencies, Franklin County will only report numbers of hospitalized cases and number of pediatric deaths, rather than individual case counts.

A case of influenza A H1N1 virus is not considered a reportable condition; instead it is to be reported only if it is the cause of another condition, such as influenza-associated pediatric death or an influenza-associated hospitalization.

Will the health department provide an influenza surveillance report?

Public Health surveillance for the pandemic H1N1 influenza will be similar to that for seasonal influenza. Following are the key flu indicators:

- **Sentinel Providers** across the state conduct outpatient influenza surveillance by reporting the number of influenza-like-illness (ILI) cases seen in their outpatient setting each week and by submitting occasional specimens to the ODH laboratory for influenza testing.

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- **Influenza Associated Pediatric Mortality** data
- **Influenza Associated Hospitalization** data
- **Clusters of influenza cases** (or outbreaks of influenza) will continue to be reported as Class C requiring a report by the end of the next business day to the local health dept. in whose jurisdiction the outbreak has occurred.

Visit <http://www.cdrsinfo.com> for the Franklin County Weekly Influenza Surveillance report.

DIAGNOSIS/LABORATORY TESTING

What should the school do about parents/students reporting absences due to lab confirmed H1N1 diagnosis?

The pandemic H1N1 flu (swine flu) is already the cause of many absences among staff and students. This is not unexpected. The assumption is that a certain level of influenza activity will exist within our community and we need to be vigilant and continue to exercise the good habits to protect ourselves. **The school district is not required to send notification letters to parents for every single reported case of influenza.** Consider using the attached *'Pandemic H1N1 Influenza School Letter to Parent Template'* for parent education.

Is confirmation testing available at the state laboratory?

Currently, testing for Influenza A H1N1 virus at the ODH laboratory is limited to patients with **Influenza-like-illness (ILI)** and who are

- Hospitalized, or
- Part of a cluster or outbreak being investigated by local health district and ODH

Confirmatory testing for 2009 H1N1 influenza infection with real-time reverse transcriptase-polymerase chain reaction (rRT-PCR) should be prioritized for persons with suspected or confirmed influenza requiring hospitalization.

What kinds of laboratory testing are available for Influenza?

A number of different laboratory diagnostic tests can be used for detecting the presence of influenza viruses in respiratory specimens, including direct antigen detection tests, virus isolation in cell culture, or detection of influenza-specific RNA by real-time reverse transcriptase-polymerase chain reaction (rRT-PCR).

Rapid Influenza Diagnostic Tests

Rapid influenza diagnostic tests (RIDTs) are antigen detection tests that can provide results within 30 minutes or less. Thus, results are available in a clinically relevant time period to inform clinical decisions. Commercially available RIDTs can either: i) detect and distinguish between influenza A and B viruses; ii) detect both influenza A and B but not distinguish between influenza A and B viruses; or, iii) detect only influenza A viruses. None of the currently FDA approved RIDTs can distinguish between influenza A virus subtypes (e.g. seasonal influenza A (H3N2) versus seasonal influenza A (H1N1) viruses).

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When influenza viruses are circulating in a community, a positive test result indicates that influenza virus infection is likely present in the specimen. For example, a **Positive RIDT result for Influenza Type A cannot** distinguish influenza infections caused by pandemic influenza A viruses versus seasonal influenza A viruses.

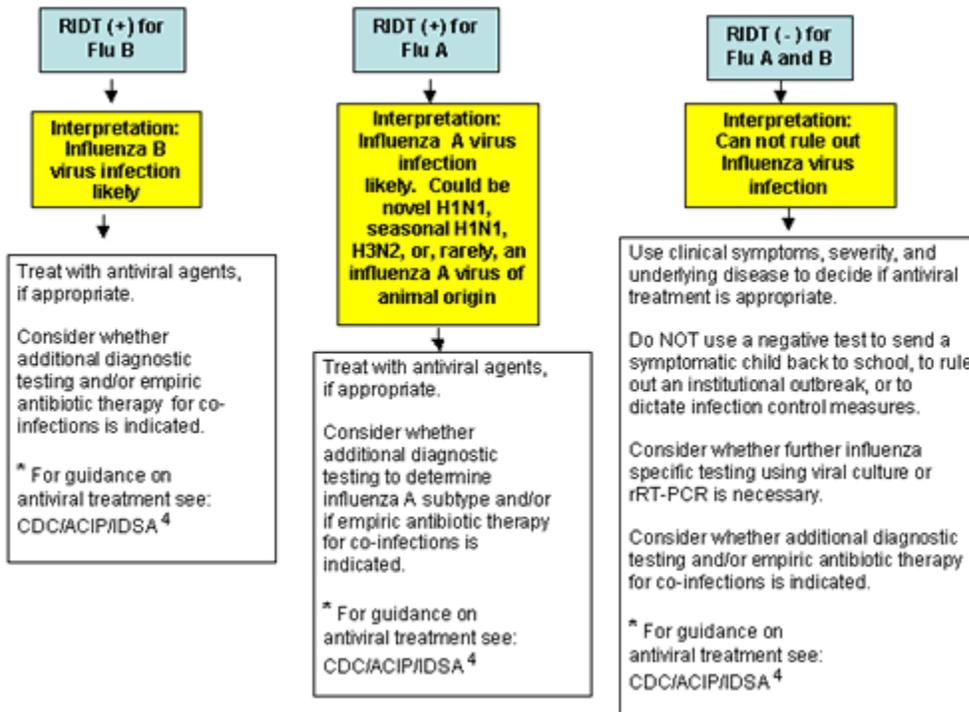
However, a negative rapid test result does not rule out influenza virus infection. If influenza is circulating in your community, a diagnosis of influenza should be considered based on a patient's clinical presentation and empiric antiviral treatment should be considered, if indicated. If more conclusive testing is desired, follow-up confirmatory testing with either [viral culture or RT-PCR] is warranted.

Real Time Polymerase Chain Reaction (RT-PCR)

Real Time RT-PCR test qualitatively detects the RNA of the 2009 H1N1 influenza virus ("pandemic virus") from a patient's nasal, nasopharyngeal or throat specimen. In combination with clinical and epidemiological assessments, the test aids physicians in diagnosing patients infected with the pandemic virus rather than other influenza A strains.

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*Algorithm to assist in the interpretation of Rapid Influenza Diagnostic Test (RIDT) results during periods when influenza viruses are circulating in the community
(Source: CDC)*



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General Resources

Franklin County Board of Health and Columbus Public Health
<http://www.columbuspandemicflu.org>

Franklin County Educational Council
<http://www.edcouncil.org/h1n1.php>

Communicable Disease Reporting System (CDRS)
<http://www.cdrsinfo.com>

Ohio Dept. of Health School Guidance
http://www.odh.ohio.gov/landing/phs_emergency/panflu/pfschools.aspx

CDC Guidance
<http://www.cdc.gov/h1n1flu/schools/schoolguidance.htm>

World Health Organization (WHO)
<http://www.who.int/topics/influenza/en/>

American Red Cross
<http://www.preparenow.org>

U.S. Department of Education
<http://www.ed.gov/index.jhtml>

National Association of School Nurses
<http://www.nasn.org/Default.aspx?tabid=316>

Ohio Department of Education
<http://www.ode.state.oh.us>

Hand Washing and Respiratory Etiquette Sites

Cough Safe Video
<http://www.coughsafe.com/>

National Science Foundation (NSF) Scrub Club
<http://www.scrubclub.org/home.php?fuseaction=main>

It's a SNAP
<http://www.itsasnap.org/index.asp>

Stopping the Germ at Home, Work and School
<http://www.cdc.gov/germstopper/>

Cover That Cough Game
<http://www.aahealth.org/coughgame.asp>

CDC Ounce of Prevention Program
<http://www.cdc.gov/ncidod/op>

Regional Directories

Local health department contact information
<https://odhgateway.state.oh.us/LHDDirectory/NetMgr/ODHList.aspx>

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Influenza-Like Illness (ILI) Daily School Absentee Line List for Franklin County Schools
For use by the school nurse/building administrator for internal tracking of student and staff absences

Staff	Student	Name	Age	Gender	Grade	Date of Onset	Fever Highest Temp	Sore Throat	Cough	Nasal Discharge	Called in or Sent home ill	Testing Done	Testing Results	Diagnosis Confirmed by Health Care Provider	Hospitalized
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School Influenza or ILI Cluster Report for Franklin County Schools**

This form is to be completed and faxed to CDRS (at 614-719-8890) by the end of the next business day after the school has investigated and identified a suspect cluster of Influenza or ILI. *For example, your building (or a group within it) has an unusually sustained high daily number of absences and/or school nurse/school office visits **most of which** are due to (or appear to be due to) Influenza or ILI within a 3-day period.*

Report Date / /	School District and Building Name
Street Address	
Contact Person	Phone Number ()
Number of students enrolled:	Number of adults on staff:

Please complete information below

Major Symptoms of those affected:

- | | |
|---|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Body Aches |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Runny or Stuffy Nose | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Other (specify): _____ |

The date on which this cluster apparently began: ____ / ____ / ____ **(*Day one)**

Is the entire building affected by this ILI cluster? YES NO

Number of classrooms or groups affected by this ILI cluster: _____

Number of people normally in the affected classrooms/groups: _____ **students**
_____ **staff**

Absence data of affected classrooms/groups (please estimate)

	Date	Total # Absent		Total # Absent due to Influenza or ILI	
		# of Students	# of Staff	# of Students	# of Staff
Day one*					
Day two					
Day three					

School Nurse/School Office Visit data (please estimate)

	Date	Total # Visits		Total # Visits due to Influenza or ILI	
		# of Students	# of Staff	# of Students	# of Staff
Day one*					
Day two					
Day three					

Are any high risk people (e.g., medically fragile, pregnant) part of this cluster? YES NO

Rev. 10/6/09

**2009-2010 Influenza Guidelines and FAQs
for Franklin County Schools and School Nurses
Pandemic H1N1 Influenza Letter to Parents Template**

Use your school letterhead

Date

Dear Parents:

As we approach the fall flu season, we wanted to inform you of important developments and information. We anticipate we will see an increase in flu activity throughout the schools. The Pandemic H1N1 flu (swine flu) is already the cause of many absences among staff and students. This is not unexpected.

We are working closely with the Franklin County Board of Health and Columbus Public Health to monitor flu conditions to help us make the best decisions about student health and safety. As you may know, flu can be easily spread from person to person – regardless of if it is seasonal flu or H1N1 flu. There are simple, but very effective, steps you can take to reduce the impact of the flu:

- **Teach your children to wash their hands** often with soap and water or an alcohol-based hand rub. You can set a good example by doing this yourself.
- **Teach your children not to share personal items** like drinks, food or utensils.
- **Teach your children to cover up their coughs or sneezes** using their elbow, instead of their hand when a tissue is unavailable.
- **Know the signs and symptoms of the flu.** Symptoms of the flu include fever (100°F or greater), cough, sore throat, a runny or stuffy nose, body aches, headache, and feeling very tired. Some people may also vomit or have diarrhea.
- **Keep sick children at home** for at least 24 hours *after* they no longer have fever without using fever-reducing drugs. (This includes aspirin, Tylenol, Advil, Aleve, cold and flu medicine with these products including acetaminophen.) Aspirin or products containing aspirin or salicylates should not be used for children or adolescents with a viral illness including the flu because of the risk of Reye's Syndrome.

If your child currently has or develops flu symptoms, please call your health care provider. Students appearing to have a flu-like illness on arrival or who become ill at school will be sent to the nurse or office. If an assessment by the nurse indicates a flu-like illness, the student's parent/guardian or emergency contact will be called to take the child home immediately.

Please note that the school district will not send notification letters to parents for every single reported case of the flu. The assumption is that certain level of influenza activity will exist within our community and we need to be vigilant and continue to exercise the good habits mentioned above to protect ourselves.

Federal, state and local health officials are encouraging everyone to get their seasonal flu shot now. Children between the ages of 6 months and 18 years of age are particularly susceptible to the flu and should be vaccinated. Those same children are considered at high risk for H1N1 flu. More details will be available in October about H1N1 vaccinations. For information of how to care for someone who is ill, visit www.columbuspandemicflu.org and www.cdc.gov/h1n1.

We appreciate your cooperation. If you have any questions, please contact **[School district contact name & phone number]**.

Sincerely, **[School district/building Administrator]**